TRICARE

Your Military Health Plan

Transitioning from Active Duty to Retirement

Retiree Seminar

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Decision Process

- ✓ Where will you live?
- ✓ Will you accept employment?
- ✓ How is your health (and family)?
- ✓ What health plans are available?
- ✓ Cost of competing health plans?
- ✓ Insurability?
- ✓ Do I need supplemental insurance?

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DEERS

- Defense Enrollment Eligibility Reporting System (DEERS)
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must register family members in the DEERS database
- Registration in DEERS required for TRICARE eligibility
- Uniformed Services Identification Cards

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Changes in Status

- Separation from active duty or retirement
- Change of address
- Marriage or divorce
- Birth or adoption of a child
- Full-time student age 21 or over
- Death of spouse or child
- Address changes for spouse or children
- Medicare entitlement

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Updating DEERS Information

- Visit an ID card issuing facility; locate one near you at *www.dmdc.osd.mil/rsl*
- Call: 1-800-538-9552
- Fax changes to: 1-831-655-8317
- Mail changes to:

  Defense Manpower Data Center Support Office

  Attn: COA

  400 Gigling Road

  Seaside, CA 93955-6771
- Make address changes online at: *www.tricare.osd.mil/DEERSAddress*

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How TRICARE Changes When You Retire

	When on Active Duty	Upon Retirement
TRICARE Options	• TRICARE Prime • TRICARE Prime Remote • TRICARE Extra* • TRICARE Standard* • Uniformed Services Family Health Plan*	• TRICARE Prime • TRICARE Extra • TRICARE Standard • Uniformed Services Family Health Plan
TRICARE Prime	• No enrollment fees • No copayments	• Enrollment fees apply • Copayments apply in network
TRICARE Extra	15% cost-share	20% cost-share
TRICARE Standard	20% cost-share	25% cost-share
Catastrophic Cap	$1,000 annually	$3,000 annually
MTF Access	ADSMs—1st priority ADFMs—priority depends on enrollment in TRICARE Prime	Priority depends on enrollment in TRICARE Prime
Medicare-eligibility	Family members not required to purchase Medicare Part B	Must purchase Medicare Part B regardless of age

* ADSMs are not eligible for TRICARE Extra, TRICARE Standard, or USFHP

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Military Treatment Facilities (MTFs)

- Upon retirement, your access to services at the MTF will change
- You will retain priority access to care in the MTF if you enroll in TRICARE Prime
- If you choose to use TRICARE Extra or TRICARE Standard, you will continue to have access to care in an MTF on a space-available basis only

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MTF—Priorities for Care

1. Active duty service members
2. Active duty family members enrolled in TRICARE Prime
3. *Retirees, their family members, and others enrolled in TRICARE Prime*
4. Active duty family members NOT enrolled in TRICARE Prime
5. *Retirees, their family members, and others NOT enrolled in TRICARE Prime*
6. All other eligible beneficiaries

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Transitioning from Active Duty to Retirement

Health Care Options

TRICARE

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TRICARE Prime

- Enrollment fees
  - Individual: $230 per year
  - Families: $460 per year
- Network provider fees
  - Outpatient visit: $12 copayment
  - Inpatient visit: $11 per day ($25 minimum)
  - Emergency services: $30 copayment
  - Behavioral health outpatient visit:
    - $25/individual
    - $17/group
  - Behavioral health inpatient visit: $40 per day

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Enrolling in TRICARE Prime

- Your change in status—from active duty to retired—will cause a disenrollment from TRICARE Prime
- You must re-enroll to continue your TRICARE Prime coverage
- Make sure your information is reflected correctly in DEERS, then complete a new TRICARE Prime enrollment application to avoid a break in coverage
- Include your enrollment fees with your new enrollment application

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Enrollment Portability

- Transfer TRICARE Prime enrollment from one TRICARE Region to another
- Twice in a single enrollment year as long as second transfer is back to the original enrollment location
- Select a new PCM in the new region
- Update new address in DEERS

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TRICARE Extra

- Preferred provider option (PPO)
- No enrollment required
- Seek care from any TRICARE network provider
- Responsible for annual deductibles and discounted cost-shares
- Providers will file claims for you
- May seek care in an MTF on a space-available basis

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TRICARE Extra—Costs

- Annual deductible
  - $150 individual/$300 for family
- Cost-shares after deductible has been met
  - 20% of negotiated rate
- Providers cannot charge more than the negotiated rate for services rendered

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TRICARE Standard

- Fee-for-service option
- No enrollment required
- Seek care from any TRICARE-authorized provider
- Responsible for annual deductibles and cost- shares—highest out-of-pocket expense
- May have to pay provider then file claim for reimbursement

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TRICARE Standard—Costs

- Annual deductible
  - $150 individual/$300 for family
- Cost-shares after deductible has been met
  - 25% of allowed charges
- May be responsible for up to 15% above the TRICARE allowable charge for services if providers do not participate in TRICARE
- May have to pay provider then file claim for reimbursement

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TRICARE Extra vs. Standard

Extra

- Any TRICARE network provider
- Cost-share: 20% of negotiated rate
- Providers will file claims for you
- Not responsible for additional charges for covered benefits

Standard

- Any TRICARE-authorized provider
- Cost-share: 25% of allowable charge
- May have to file claims
- Nonparticipating providers may charge up to 15% above allowable charge for services

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Catastrophic Cap

- Each fiscal year—$3,000 for all retirees and family members
  - TRICARE Prime
  - TRICARE Extra
  - TRICARE Standard

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Uniformed Services Family Health Plan

- A TRICARE Prime-like option
  - Available to retirees and their eligible family members, including those age 65 and over
  - Offers all of the health care coverage and benefits, plus some additional enhancements, at the same costs as TRICARE Prime
  - All rights to use the MTFs are waived if you enroll with USFHP

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USFHP—Accessing Care

- Do not access MTFs or Medicare providers
- Receive care from a primary care physician in the USFHP network of private physicians
- Covered for worldwide emergency care and many preventive care services
- Can access on-site patient advocates for assistance
- Includes discounts for eyeglasses, hearing aids, and dental care

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USFHP—Enrollment

- Submit a completed USFHP application to the USFHP program of choice
- Must reside in one of the service areas listed on the next slide
- May enroll at anytime throughout the year with a one-year commitment, unless you move out of the area where the plan is offered
- Enrollment fees, if applicable, are portable to another TRICARE Prime program

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USFHP Designated Providers

- Martin's Point Health Care—Maine and New Hampshire
- Brighton Marine Health Center—Central and Eastern Massachusetts and Rhode Island
- St. Vincent Catholic Medical Centers—Parts of New York, New Jersey, Eastern Pennsylvania, and Southern Connecticut
- Johns Hopkins Community Physicians—Central Maryland, Pennsylvania, and Northern Virginia
- CHRISTUS Health—Southeast Texas and Southwest Louisiana
- Pacific Medical Clinics—Puget Sound area/Washington State

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Access to Care when Living Overseas

- You and your family may have access to MTFs overseas on a space-available basis
- You will no longer be able to enroll in TRICARE Prime, but will be covered for all health care under TRICARE Standard
- The same annual deductibles and cost-shares will apply as in the stateside TRICARE Standard option

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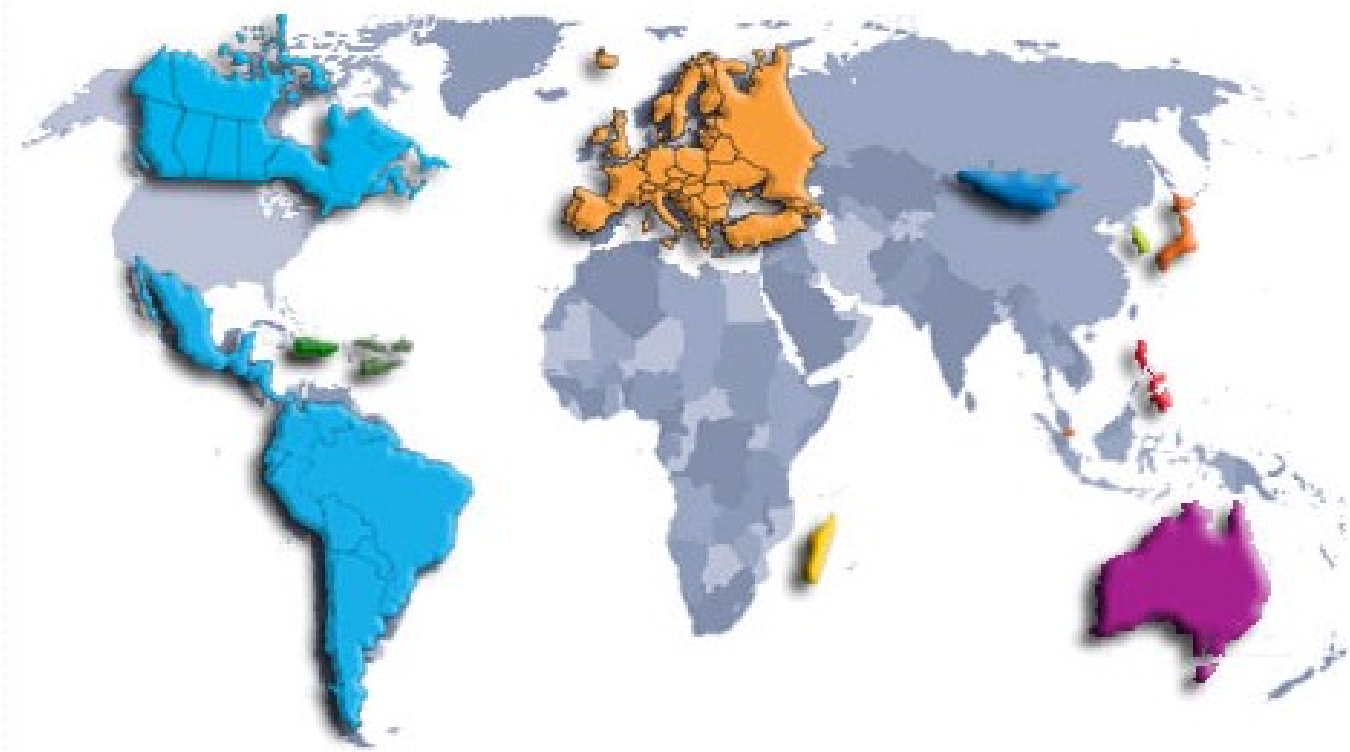
TRICARE Overseas Regions



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Transitioning from Active Duty to Retirement

Pharmacy Options

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TRICARE Pharmacy Program

- MTF Pharmacy
- TRICARE Mail Order Pharmacy
- TRICARE Retail Network Pharmacy
- Non-network Retail Pharmacy

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MTF Pharmacies

- Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and Department of Defense)
- If medication is in stock, it will be filled but best to call ahead
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider

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TRICARE Mail Order Pharmacy (TMOP)

- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication—$3 for up to a 90-day supply
    - Brand name medication—$9 for up to a 90-day supply
    - Non-formulary medication—$22 for up to a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free Shipping and Handling
  - For more information:
    - Visit *www.express-scripts.com/TRICARE*
    - 1-866-DoD-TMOP (1-866-363-8667)

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TRICARE Retail Pharmacy Network

- May have prescriptions filled at a pharmacy in the TRICARE network
- Portable across all regions—no claims to file
- Generic medication—$3 per 30-day supply
- Brand name medication—$9 per 30-day supply
- Non-formulary medication—$22 per 30 day supply
- Administered by Express Scripts, Inc.
- Visit *www.tricare.osd.mil/pharmacy* to locate a retail network pharmacy near you
- 1-866-DoD-TRRx (1-866-363-8779)

Note: A 90-day supply from the TRICARE Retail Pharmacy Network requires three cost-shares to be paid

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Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime point-of-service (POS) option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement

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Generic Drug Use Policy

- Generic drugs will be substituted for brand names when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed

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Drugs Requiring Prior Authorization

- Certain medications require prior authorization
- Per DoD contracts, some drugs must be dispensed from MTF or mail order pharmacy
- TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
- 1-877-DoD-MEDS (1-877-363-6337)
- *www.tricare.osd.mil/pharmacy*

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Pharmacy Data Transaction Service (PDTS)

- Creates a global centralized data repository
- Reduces the likelihood of adverse drug-to-drug interactions, therapeutic overlaps, and duplicate treatments
- Conducts an online proactive clinical screening (drug interaction check)
- This is done before it is dispensed to the patient, unless filled at a non-network pharmacy

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Other Health Insurance and Pharmacy

- Other Health Insurance (OHI)-Primary/TRICARE-Secondary
- If prescription drugs are covered by OHI—
  use that benefit then submit a claim to TRICARE
- If prescription drugs are not covered by OHI, or if you have reached benefit cap—use the TRICARE TMOP or Retail Pharmacy benefits
- If you have OHI, you are still eligible to use MTF pharmacies

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Transitioning from Active Duty to Retirement

Dental Options

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TRICARE Retiree Dental Program

- Voluntary dental insurance program administered by the Federal Services division of Delta Dental Plan
- Available to:
  - Retired service members and their eligible family members
  - Certain surviving family members of deceased active duty sponsors
  - Medal of Honor recipients and their immediate family members and survivors

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TRDP—Service Area

- TRDP is a national, combined fee-for-service/preferred provider program that offers enrollees access to any licensed dentist in all 50 states
- District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, America Samoa, Commonwealth of the North Mariana Islands, and Canada
- With its current enrollment of 700,000, the TRDP is the nation's largest voluntary, all enrollee paid dental plan

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TRDP—Enrollment

- Delta Dental handles all enrollments
- There is an initial 12-month commitment for new enrollees after which enrollment may be continued on a month-to-month basis
- 30-day grace period from the coverage effective date during which voluntary termination of enrollment is allowed without further enrollment obligation provided that no benefits have been used

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TRDP—Dentists

- When visiting a DeltaSelect USA dentist
  - All claims are submitted for you
  - You are only responsible for your percentage of the TRDP allowed amount
- If visiting a dentist outside of the network
  - Same coverage percentages and benefit levels will apply
  - You will have to pay the dentist and then submit a claim to Delta for reimbursement
  - You are also responsible to pay the difference between the TRDP allowed amount and the dentist's billed charge

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TRDP—Costs

- Annual deductible
  - $50 per person
  - $150 deductible cap per family
- Annual maximum coverage
  - $1,200 per person
- Deductible and maximum do not apply to:
  - Diagnostic and preventive services
  - Dental accident procedures or orthodontia
- For more information:
  - 1-888-838-8737
  - *www.trdp.org* or *www.ddpdelta.org*

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TRICARE National Resources

- TRICARE Web Site
  - *www.tricare.osd.mil*
- TRICARE Online
  - *www.tricareonline.com*

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Important Telephone Numbers

- DEERS

  1-800-538-9552
- TRICARE Mail Order Pharmacy

  (Express Scripts)

  1-866-DoD-TMOP (1-866-363-8667)
- TRICARE Retail Pharmacy

  (Express Scripts)

  1-866-DoD-TRRx (1-866-363-8779)

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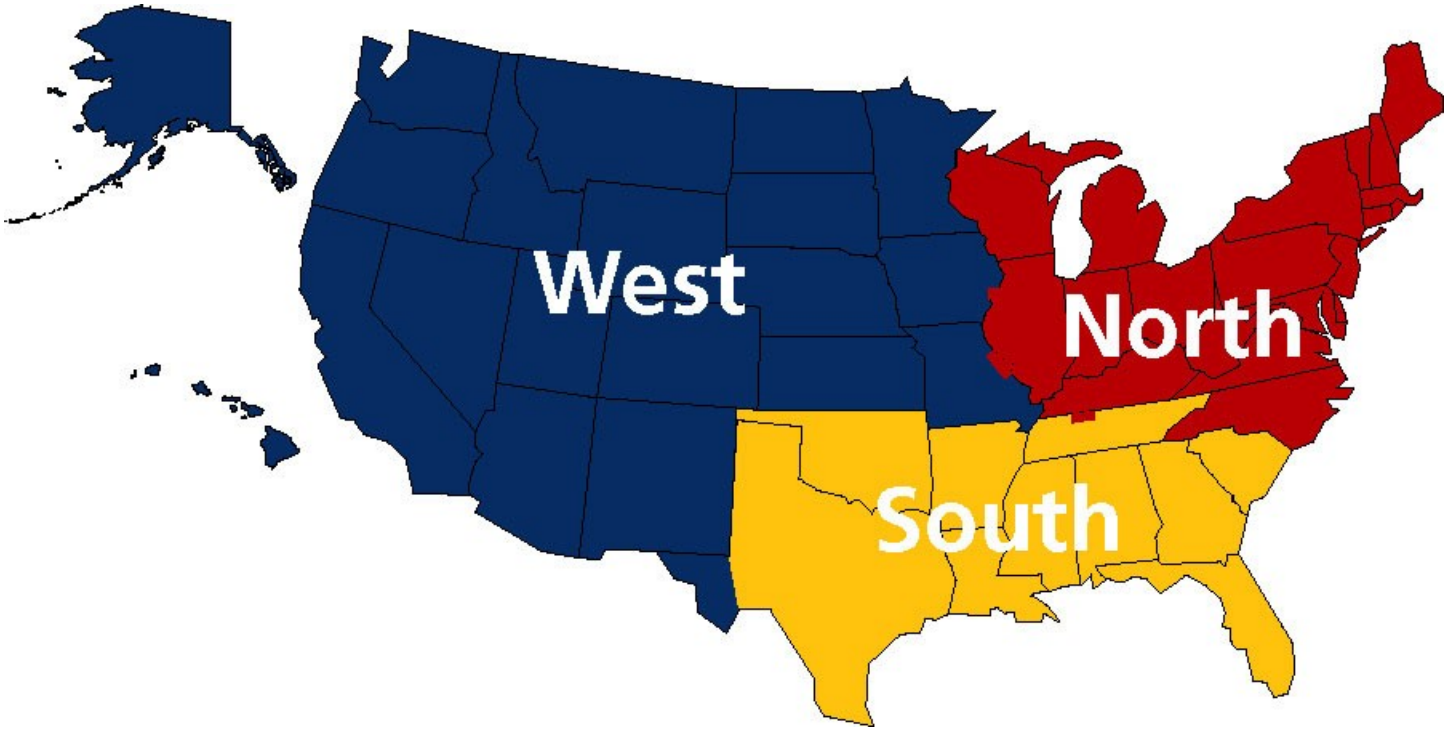
TRICARE Regions



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TRICARE Regional Contractors

- TRICARE North Region
  - Health Net Federal Services, Inc.
  - *www.healthnetfederalservices.com*
  - 1-877-TRICARE (1-877-874-2273)

- TRICARE South Region
  - Humana Military Healthcare Services, Inc.
  - *www.humana-military.com*
  - 1-800-444-5445

- TRICARE West Region
  - TriWest Healthcare Alliance
  - *www.triwest.com*
  - 1-888-TRIWEST (1-888-874-9378)

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Thank You!

- TRICARE offers a comprehensive health benefit for our beneficiaries
- From preventive health services to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members

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TRICARE Product Feedback

Please provide feedback on this presentation at:

http://www.tricare.osd.mil/evaluations/presentations

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Back Up Slides

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Guaranteed Access Standards

- Urgent care appointment—24 hours or less
- Routine appointment—One week or less
- Specialty appointment or wellness visit — Within four weeks (28 days)
- Travel time may not exceed 30 minutes from home to your PCM’s office
- You should not have to travel more than one hour from your home for referred specialty care

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Enhanced Benefits Under TRICARE Prime

- Clinical Preventive Services
- Behavioral Health Care Services
- Vision Benefit

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MTF—The First Option for Care

- TRICARE Prime beneficiaries must seek care from an MTF when it is available
- Inpatient admissions, specialty appointments, procedures requiring prior authorization
- If the service is not available at the MTF within the appropriate access standards, you will be referred to a TRICARE network provider

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Primary Care Manager (PCM)

- MTF or network provider
- Provides most of your care and coordinates specialty care when needed
- Knows your family and medical history, lifestyle, and habits
- Helps you develop and carry out a personal health maintenance and improvement program
- Prevents and detects health problems through regular screenings and wellness education

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Prime Travel Entitlement

- When referred for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your “reasonable travel expenses” reimbursed
- Includes the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and public transportation
- Contact your MTF or the TRICARE Regional Office for more information or visit the TRICARE Web site at: *www.tricare.osd.mil/primetravel*

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Nonemergency Health Care while Traveling

- All routine medical care should be taken care of before you depart or delayed until you return and can see your PCM
- For out-of-area urgent/acute care, you must coordinate with your PCM or Health Net for an authorization before seeking care
- For out-of-area emergency care, call 911 or go to the nearest emergency room (civilian or military)

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TRICARE Prime Point-of-Service (POS) Option

- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Nonavailability statement is not necessary
- Subject to higher deductibles and cost-shares
- Point-of-service option is more costly to the enrollee

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POS Cost-shares and Deductibles

- Annual outpatient deductibles are $300 for an individual and $600 for a family
- 50% cost-shares for outpatient and inpatient claims
- Excess charges up to 15% above the TRICARE allowable charge
- The 50 percent cost-share continues to be applied even after the catastrophic cap has been met

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TRICARE and OHI

- TRICARE pays after all other health insurance plans except for:
  - Medicaid
  - TRICARE supplements
  - The Indian Health Service
  - Other programs/plans as identified by TMA
- Not required to obtain TRICARE referrals or prior authorization for covered services, except for adjunctive dental care, the PFPWD, and behavioral health care services
- However, you must follow the OHI referral and authorization requirements if applicable

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